(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

APR 18 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Periklis Karoutas, Leann Moccia II. Name of lobbyist's partnership, firm or corporation, if any: Legislative Solutions, L.L.C. (Name of partnership, firm or corporation) P.O. Box 10724 Bedford NH 03110 Business Address: (Town/City) (State) (Zip Code)) 603-860-3682 e-mail senclegg@aol.com (Telephone) III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: The Alliance for Solar Choice (Full Name of Client as it appears on the Lobbyist Registration Form) **OR** ☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. April 25, 2018 🕅 IV. Date of Report July 25, 2018 Reports cover: activity from date of registration to 3/31/18 activity from 4/1/18 to 6/30/18 October 31, 2018 January 30, 2019 activity from 7/1/18 to 9/30/18 activity from 10/1/18 to 12/31/18 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: If you have received fees or made expenditures, you must file Addendum A-Fees and Expenses If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or **Expense Reimbursement** ☐ If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions Sworn Statement/Affirmation by Lobbyist I have read K\$A 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. April 9, 2018 (Signature of lobbyist) (Date) **Robert Clegg**

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Periklis Karouta	as, Leann Moccia, Chris Herr
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client The Alliance for Solar Choice	Date April 9, 2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 9,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ 0 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>9,000.00</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this reporting purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by hay be filed for the lobbyist(s)/firm aggregate total of all expenses pair penses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; than \$10 that is given to the persod with a value of \$25.00 or less); an rting period of greater than \$25.00 for the of greater than \$25, purchase of expense reimbursement, or politicated on Addendum A.
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported	a) \$9,000.00
in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 9,000.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$9,000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made fro period, including by whom paid or to whom charged.	m lobbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	_
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or at is true and complete to the best of my knowledge and belief.	
(Signature of lobbyist)	(Date)
Robert Clegg	,
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying parti	nership, firm, or corpo	ration: Legislative Solution	ns, L.L.C.
Name of Client (leave b	lank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):			
Date of Report (check o	ne):		
April 25, 2018 🐧	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □
the following Addendur submitted):	ns submitted with the	ne Statement of Income an at Statement (insert the nu	nd Expenses described above, and umber of Addendum forms being
Addendum A(s)	•		
Addendum B(s)	•		
Addendum C(s)			
complete to the best of n		ief.	nt and each Addendum is true and
(Signature of lobbyist)			(Date)
Debra Vanderbeek (Print Name of lobbyist)			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

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Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to an	ıy
particular client):	The Alliance for Solar Choice			
Date of Report (check				
April 25, 2018 🗖	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □	
, ,			•	
			d Expenses described above, an imber of Addendum forms bein	
Addendum A(s	s).			
Addendum B(s	s).			
Addendum C(s	3).			
I hereby swear or affir complete to the best of	0 0	lief.	t and each Addendum is true an	.d
		April 9	9, 2018	
(Signature of lobbyist)	,		(Date)	
/				
Periklis Karoutas				
(Print Name of Johnvie	+ \			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

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Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):			
Date of Report (check	k one):		
April 25, 2018 🗖	July 25, 2018 □	October 31, 2018	January 30, 2019 □
I have read RSA 15, the following Addenous submitted):	RSA 15-B, RSA 664, th lums submitted with the	ne Statement of Income ar at Statement (insert the nu	nd Expenses described above, and umber of Addendum forms being
Addendum A	(s).		
Addendum B(s).		
Addendum C(s).		
	rm that the foregoing in f my knowledge and bel	ief.	nt and each Addendum is true and
(Signature of lobbyist)			(Date)
Leann Moccia			
(Print Name of lobbyis	St)		